

Q/ Answer with the most appropriate choice: (100 Marks) Exam Date:

1-..... is that part of the residual ridge that extends distally from the area of the 2nd molar to the hamular notch.

- a. Maxillary tuberosity
- b. Retromolar pad
- c. Buccal shelf area
- d. Incisive papilla
- e. Canine eminence

2- Regarding the buccal shelf area:

- a. It is primary stress bearing area.
- b. It is bounded anteriorly by labial frenum and posteriorly by buccal frenum.
- c. Bone in this area is very dense.
- d. Both a & c.
- e. All of the above.

3- One of the following is a Maxillary Stress-Bearing area.

- a. Retromolar pad
- b. Hard palate on either side of palatal raphe
- c. buccal shelf area
- d. incisive papilla
- e. buccal frenum

4-The pattern of bone resorption is:

- a. The maxilla resorbs upward and outward
- b. The maxilla resorbs upward and inward
- c. The mandible resorbs downward and inclines inward
- d. The mandible resorbs upward and inward
- e. The maxilla resorbs downward and inward

5- Incisive Papilla

- a. A perpendicular line drawn posterior to the center of the incisive papilla to sagittal plane passes through the canines.
- b. Central incisors, are about 8-10 mm anterior to the incisive papilla.
- c. A stable landmark is related to the incisive foramen through which the neurovascular bundle emerges and lies on the surface of the bone.
- d. This is one of the relief areas of the maxillary edentulous foundation.
- e. E-All of the above.

6-All these true for Buccinators muscle Except:

- a. It does not directly dislodge the denture.
- b. Its fiber parallel to the plane of occlusion but run at right angle to the fiber of masseter.
- c. When buccinators activated it push the masseter muscle medially against denture border in the area of the retro molar pad.
- d. When masseter activated it push the buccinators muscle medially against denture border in the area of the retro molar pad.
- e. It is one of the muscles of facial expression.

7- Maximal bite forces appear to be ----- for complete denture wearer than person with natural teeth

- a. Five to six times less
- b. Five to six times more.
- c. Three to four times less.
- d. Three to four times more.
- e. None of the above.

8- submandibular salivary glands are

- a. Mixed but mostly serous secretion.
- b. Serous secretions.
- c. Mixed but mostly mucous secretions.
- d. Mucous secretion.
- e. None of the above.

9- Objective of prosthodontics treatment.

- a. Restoring the lost function
- b. Preservation of oral tissue and remaining teeth.
- c. Maintain or improve on the appearance of the mouth.
- d. All of the above.
- e. None of the above.

10- All these should be examined in Extra oral examination Except:

- a. Facial muscle tone, tense or flaccid.
- b. TMJ examination.
- c. Vitality tests of remaining teeth.
- d. Form & contour of face.
- e. Face color & symmetry.

11. The type of prosthodontic treatment will best serve this patient's needs based on the relevant factors to be considered:

- a. Patient's psychological status.
- b. Economic status and priorities of the patient.
- c. Patient's systemic and oral health.
- d. All of the above.
- e. None of the above.

12. The direction of mandibular resorption is:

- a. Upward and inward.
- b. Downward and outward.
- c. Upward and outward.
- d. All of the above.
- e. None of the above.

13. All radiographic evaluation for diagnosis of the remaining natural teeth, Except:

- a. Root length.
- b. Crown-root ratio.
- c. Lamina dura.
- d. Periodontal ligament space.
- e. Shade of the teeth.

14. Regarding the teeth mobility, Class 3 demonstrates:

- a. A tooth moves more than 2 mm in any direction.
- b. A tooth rotation or depression.
- c. A poor prognosis.
- d. Usually, will require extraction.
- e. All of the above.

15. Root configuration is an important factor for abutment teeth prognosis, can be assessed by:

- a. Clinical inspection.
- b. Probing.
- c. Radiographs.
- d. Diagnostic cast.
- e. All of the above.

16. Preparation of mouth for RPD is:

- a. Remove any interference into the prosthetic treatment along the diagnosis.
- b. Done to facilitate prosthetic treatment after partial denture design.
- c. Done to modify the existing oral condition to facilitate proper placement and function of the prosthesis.
- d. All the above.
- e. None of the above.

17. The angle formed by the floor occlusal rest with the minor connector should be:

- a. Less than 90 degree.
- b. More than 90 degree.
- c. About 90 degree.
- d. More than 45 degree.
- e. None of the above.

18. Metal framework components and connectors should be measured the thickness for strength using calipers to ensure a minimum of:

- a. 1 mm.
- b. 2.5 mm.
- c. 2 mm.
- d. 5 mm.
- e. None of the above.

19. The Relief of pain & infection include:

- a. Emergency condition like acute pain and abscess and asymptomatic teeth with deep carious lesions are excavated and filled with an intermediate restorative material.
- b. Gingival disease and Calculus and plaque accumulation should be removed.
- c. Extraction of teeth with poor prognosis and Removal of residual roots.
- d. Both a & b.
- e. Both b & c.

20. Main Cause (s) of Conditioning abused and irritated tissues

- a. ill-fitting dentures.
- b. Nutritional disturbances.
- c. Diabetes.
- d. Blood dyscrasia.
- e. All the above.

21. Altered cast technique used in:

- a. Kennedy Class I & II.
- b. Kennedy Class IV.
- c. Kennedy Class III.
- d. All of the above.
- e. None of the above.

22. Definitive impression classified into:-

- a. Selective pressure techniques
- b. Functional techniques
- c. Reline and rebases techniques
- d. All of the above.
- e. None of the above.

23. - Adapt an additional layer of baseplate wax over the teeth on cast during special tray fabrication if the impression is taken with:

- a. Alginate
- b. Agar agar
- c. Silicone elastomer
- d. Impression compound
- e. Impression plaster

24. - One of the following is true about altered cast technique:

- a. Not used for mandible arch
- b. Taken before checking the metal framework
- c. Allows for the different compressibility of different parts of mucosa
- d. Use mucostatic technique
- e. None of the above.

25. To avoid internal stresses in the finished impression:

- a. Use wet paper towel
- b. Use suitable tray size
- c. Add correct measure of powder
- d. Delay impression pouring
- e. Hold the impression correctly.

26. One of the following advantages justify use of alginate till now:

- a. Nontoxic
- b. Economic
- c. Pleasant taste and odor
- d. It can be used in presence of moisture
- e. Easy to manipulate.

27. The material of choice to make a master final impression for partial denture cases with severe undercuts is:

- a. wax
- b. impression compound
- c. Elastomers
- d. ZOE paste
- e. Modeling plastic

28. . For modeling plastic, one of the following statements is false

- a. It can record minute details accurately
- b. They undergo permanent distortion during with drawl from undercut
- c. It is used for border molding of custom impression trays for Kennedy Class I and II RPD
- d. It is manufactured in two different colors, the red -cake form & green -stick form
- e. If it is softened at a temperature above that intended by the manufacturer, the material becomes brittle and unpredictable.

29. - Irreversible hydrocolloid:

- a. Is used primarily as impression materials for fixed restorations
- b. Main use is in the fabrication of refractory cast in duplication procedure
- c. Required cooling tray if being used as an intra-oral impression material
- d. Is fluid at high temp and gel on reduction temperature
- e. Is used widely in most dental practices for making diagnostic casts, orthodontic treatment casts, and master casts for removable partial denture

30. - Syneresis describe as:

- a. The shrinkage of agar or alginate impression.
- b. Low tear resistance of agar or alginate impression.
- c. Formation of exudates on the surface of set agar or alginate impression.
- d. All of the above.
- e. None of the above.

31. The prime consideration in stock tray selection for RPD making is:

- a. To choose metal stock tray
- b. To choose plastic disposable stock tray
- c. To choose one with the absolute rigidity that must be afforded by the tray material
- d. To choose rim – lock stock tray
- e. To choose perforated stock tray

32. Incisive papilla and median palatal raphe considered as:

- a. Primary stress bearing areas
- b. Secondary stress bearing areas
- c. Limiting areas
- d. Relief areas
- e. Regions principally resist horizontal rotational tendencies of denture base

33. The functional form impression:

- a. A one-stage impression method
- b. Using an elastic impression material
- c. Will represent the hard and soft tissue at rest
- d. Is recommended for distal extension removable partial denture base
- e. Is recommended for tooth supported partial dentures

34. Flat residual ridge will provide ----- for the denture:

- a. Good support, good stability
- b. Good support, poor stability
- c. Poor support, good stability
- d. Poor support, poor to fair stability
- e. Poor to fair support, good stability

35. In tooth supported RPD:

- a. The edentulous ridges do not contribute to the support of the partial denture
- b. Cannot be constructed on a master cast made from a single impression that records the teeth and soft tissues in their anatomic form
- c. A dual impression technique is used in which a “corrected cast” is generated
- d. The impression of the residual ridge must record the soft tissues in their functional form
- e. When occlusal forces are applied to a tooth-tissue–supported removable partial denture, these forces must be equitably distributed to the abutments and the tissues of the ridge.

36. The intaglio surface of the framework should be:

- a. Highly polished to maintain close contact with the underlying tissues
- b. Highly polished to allow smooth insertion into the mouth
- c. Highly polished to increase patient comfort
- d. Highly polished to reduce plaque and debris retention
- e. Finished to a fine matte texture.

37. In Cr-Co try in, Common areas to inspect

- a. Along guide planes.
- b. Under rest seats.
- c. The shoulder areas of clasps.
- d. Minor connectors.
- e. All of the above.

38. During the removable partial denture framework fitting, direct seating pressure should be applied to:

- a. Rest seats and major connector
- b. Clasp and minor connector
- c. Minor connector
- d. Indirect retainer
- e. Tissue - borne denture base areas

39. Maxillary unilateral distal extension denture needs:

- a. Working side contact only
- b. Balancing side contact only
- c. Bilateral balanced
- d. Protrusive balanced only
- e. Centric relation in harmony with centric occlusion

40. Patient has sufficient number of teeth (missing first and second premolars teeth only), which of the following methods for establishing occlusal relationship you prefer:

- a. Direct apposition of cast.
- b. Interocclusal records
- c. Occlusion rims on record base.
- d. Use simple articulator
- e. Jaw relation made entirely on bite rim.

41. In case of long bounded edentulous space, the recommended record is:

- a. Direct apposition of cast.
- b. Interocclusal records
- c. Occlusion rims on record base.
- d. Jaw relations records made entirely on occlusion rims.
- e. Use semi adjustable articulator.

42. Which of the following types of contact is/are needed in class IV partial denture:

- a. Light contact in centric occlusion
- b. No contact in centric position
- c. Bilateral balanced occlusion
- d. Protrusive balanced
- e. 2mm overjet.

- 43. is indication of occlusal relations for removable partial denture using occlusion rims on record base:**
- a. Sufficient natural teeth remaining to support RPD.
 - b. When one or more distal extension areas are present.
 - c. When opposing teeth meet to each other.
 - d. Short span edentulous space.
 - e. Stable occlusal units.
- 44. Mandibular unilateral distal extension denture needs:**
- a. Working side contact only
 - b. Balancing side contact only
 - c. Bilateral balanced
 - d. Protrusive balanced only
 - e. Centric relation in harmony with centric occlusion
- 45. At trial stage, if the anterior edentulous space is relatively large, you have to:**
- a. Use large artificial teeth
 - b. Use small artificial teeth
 - c. Procline the artificial teeth
 - d. Retrocline artificial teeth
 - e. Incorporate diastema.
- 46. One of the following is true about using porcelain teeth:**
- a. Reduce impact of occlusion
 - b. Cushing effect
 - c. High bond strength to denture base
 - d. Used with reduced interarch space
 - e. Wearing to natural teeth
- 47. At the trial stage, if an anterior edentulous space has been decreased by drifting of the teeth in order to achieve an acceptable esthetic result, you have to:**
- a. Decrease number of teeth
 - b. Rotate or overlap the teeth
 - c. Narrow teeth should be used
 - d. Large teeth should be used
 - e. Diastemata may be incorporated into the tooth arrangement.
- 48. During the try-in stage of RPD, if all anterior teeth are being replaced and the upper lip is of normal length:**
- a. The edges of the central incisors should not be visible when the lip is relaxed
 - b. The gingival contours of the denture base should be visible when the lip is relaxed
 - c. The edges of the central incisors (1-2 mm) should be visible when the lip is relaxed
 - d. 4mm of incisors should be visible when the lip is relaxed
 - e. 6mm of incisors should be visible when the lip is relaxed
- 49. During the try-in stage of RPD, as the patient makes the “s” sound:**
- a. The maxillary and mandibular incisors should contact
 - b. The maxillary and mandibular incisors should just miss contact (less than 1 mm is ideal)
 - c. The maxillary and mandibular incisors should miss contact (more than 1 mm is ideal)

- d. The maxillary and mandibular incisors should miss contact (more than 2 mm is ideal)
- e. The maxillary and mandibular incisors should miss contact (more than 3 mm is ideal)

50. Pressure indicating pastes are used:

- a. To evaluate the centric relation
- b. To detect teeth high spots
- c. To evaluate balance occlusion
- d. To evaluate working side contact
- e. To evaluate the fit of denture base

51. In removable partial denture insertion when bearing surface of denture base is to be adjusted using indicator paste, the paste is applied to the surface and the applied pressure is

- a. Only occlusal pressure when the patient biting on the denture
- b. Only digital pressure by the dentist fingers
- c. Both occlusal and digital pressure
- d. All of the above
- e. None of the above

52. Pressure areas most commonly encountered in the mandibular arch are:

- a) The lingual slope of the mandibular ridge in the premolar area
- b) The mylohyoid ridge
- c) The border extension into the retromylohyoid space
- d) The distobuccal border near the ascending ramus and the external oblique ridge
- e) All of the above

53. In order to do occlusal adjustment in case when one of arches is replaced by bonded saddle RPD and the other is replaced by free end saddle RPD, which statement is true:

- a) The free end saddle RPD is first adjusted and the arch is considered as the intact arch for adjustment of the bonded saddle denture.
- b) The bonded saddle is first adjusted and the arch is considered as the intact arch for adjustment of the free end saddle denture.
- c) Both dentures are adjusted simultaneously
- d) All of the above
- e) None of the above

54. After insertion of removable partial denture, you instruct the patient that:

- a) The denture should be brushed while in the mouth
- b) The denture should be removed from the mouth to enable well brushing of natural teeth
- c) The denture should be removed from the mouth without necessity to brush natural teeth
- d) The denture should be brushed with the use of tooth paste
- e) None of the above

55. If a patient has only a few remaining natural teeth and has a history of bruxism, the following is true regarding removable partial denture:

- a) The denture should be removed at day not at night
- b) The remaining natural teeth subjected to less damage when the denture is worn at night
- c) The denture should be stored in water when it is not in the oral cavity
- d) All of the above

- e) None of the above
- 56. If the patient's denture foundation area needs to be improved with pre-prosthetic surgery, which statement is/are true from the patient's point of view:**
- a) The dentist makes alterations in the prosthetic techniques to overcome surgical procedure
 - b) The dentist uses different types of impression material to get better prognosis of treatment
 - c) The dentist subjects the patient to a surgical intervention
 - d) All of the above
 - e) Both A and B
- 57. In case of severe labial undercut, which type of pre-prosthetic surgery is/are to be considered:**
- a) Ridge alveoloplasty with extractions
 - b) Ridge alveoloplasty without extractions
 - c) Intraseptal alveoloplasty
 - d) Recontouring of lateral exostosis
 - e) All of the above
- 58. When the mandibular or maxillary edentulous ridges require greater amounts of recontouring, all is correct EXCEPT:**
- a) Depending on direct vision and frequent palpation until the desired result is reached
 - b) Using of diagnostic casts to identify areas of concern
 - c) Fabrication of surgical guide
 - d) When completed, the area is well irrigated and closed
 - e) An interrupted or continuous suture can be used
- 59. If retromolar pad and maxillary tuberosity contact, what would be done:**
- a) Surgical reduction of maxillary tuberosity
 - b) Do not extend lower denture to retromolar pad
 - c) Denture fabrication not possible
 - d) Has no effect on denture
 - e) None of the above
- 60. For more extensive hyperplastic tissue masses, surgical excision is made and the healing by Secondary epithelialization will take:**
- a) Two to four days
 - b) Two to four weeks
 - c) Four to six days
 - d) Four to six weeks
 - e) None of the above
- 61. In inflammatory Papillary Hyperplasia of the palate, the superficial inflamed layers of the palatal mucosa are removed by:**
- a) Electrosurgery loops
 - b) Laser ablation
 - c) Sharp dissection
 - d) Cryotherapy
 - e) All of the above
- 62. In case of maxillary tuberosity reduction, and in order to determine if the reduction will be primarily bone or soft tissue:**
- a) A panoramic radiograph is required
 - b) Sounding of the soft tissue with the anaesthesia needle
 - c) Clinician visual inspection may be helpful

- d) All of the above
 - e) Both a and b are correct
- 63. The best mental attitude for denture acceptance is**
- a) Philosophical patient
 - b) Exacting patient
 - c) Indifferent patient
 - d) Hysterical patient
 - e) All of the above
- 64. Completely edentulous patient with cardiovascular disease should be given:**
- a) An early afternoon appointments
 - b) An early morning appointments
 - c) Short time appointment
 - d) All of the above
 - e) Both b and c are correct
- 65. If a completely edentulous patient have a finger joint disease, it may affect:**
- a) Overall treatment plan
 - b) Impression technique
 - c) Denture hygiene
 - d) All of the above
 - e) None of the above
- 66. If there is excessive interarch distance, it will be classified as:**
- a) Class I interarch distance
 - b) Class II interarch distance
 - c) Class III interarch distance
 - d) Class IV interarch distance
 - e) None of the above
- 67. Class II bony undercuts reveals:**
- a) No bony undercuts
 - b) Prominent bilateral undercuts that must be corrected by surgery
 - c) Small undercuts over which the denture can be placed
 - d) All of the above
 - e) Both a and b are correct
- 68. The best maxillary denture vertical support is obtained with:**
- a) U-shape hard palate
 - b) V-shape hard palate
 - c) Broad flat hard palate
 - d) All of the above
 - e) Both a and b are correct
- 69. Prognosis is influenced by the following factors:**
- a) Bearing surface anatomy, tongue position and floor of mouth posture
 - b) Neuromuscular control
 - c) Denture history
 - d) Psychological classification
 - e) All of the above
- 70. Final impression is:**
- a. Represents the completion of the registration of the surface or object.
 - b. An impression made for the purpose of fabrication of prosthesis.
 - c. Is made with individual tray.
 - d. Must be poured with stone material to produce the master cast.

e. All of the above.

71. Stability decreases with the

- a. Loss of vertical height of the ridge.
- b. Increase in movement of flabby movable tissue.
- c. Not related to vertical height of the ridge.
- d. Both a & b.
- e. None of the above.

72. The distolingual flange of mandibular tray is border molded by asking the patient to:

- a. Open his mouth wide. moving the cheek outward, upward, backward and forward.
- b. Open his mouth wide.
- c. Protrude his tongue and move it to the right and left buccal vestibules.
- d. Protrude his tongue out and later to touch the anterior part of the palate.
- e. None of the above.

73. The ideal residual ridge to support a denture base is:

- a. Dense cancellous bone.
- b. Knife edge crest.
- c. Low vertical slopes.
- d. The ridge covered by loss, thin fibrous connective tissue.
- e. None of the above.

74. Impression tray is used for all, except:

- a. Carrying the impression material
- b. Recording jaw relationship.
- c. Supporting impression material during removal from the mouth
- d. Maintaining impression material during setting
- e. handle the material during pouring into cast.

75. Bennett movement is:

- a. A protrusive movement used in the grasping and incision of food.
- b. The bodily side shift of the mandible which when it occurs, may be recorded in the region of the advancing and (balancing)non-working side.
- c. Movements that occur in the clenching, tapping or grinding of the teeth.
- d. The hinge like movement used in opening and closing the mouth for the introduction of food.
- e. None of the above.

76. Patient with TMJ diseases, all of the following are considered except:

- a. Limitation of mouth opening.
- b. Difficult jaw relation record.
- c. Special impression tray used.
- d. Special impression technique.
- e. Affect measurement of occlusal vertical dimension.

77. When we combine the border movements the mandible of all the three planes, we get a three dimensional space within which mandibular movement is possible. This three-dimensional limiting space is called.

- a. Free-way space.
- b. Border movement.
- c. Diamond tracing.
- d. The envelope of motion.
- e. None of the above.

78. The causes of Pain in TMJ:

- a. Insufficient or increased OVD.
- b. Maximum intercuspation not in harmony with CR.
- c. Arthritis.
- d. Trauma.
- e. All of the above.

79. The followings component of TMJ, Except:

- a. The mandibular or glenoid fossa.
- b. The condyle or head of the mandible.
- c. Ramus of the mandible.
- d. Synovial cavity.
- e. None of the above.

80. In digital Prototyping RPD:

- a. The design data may be saved for future use.
- b. the total time of prosthesis fabrication is substantially increased.
- c. it can be used in all cases of RPD without any limitation.
- d. All of the above.
- e. None of the above.

81. A conventional impression method has various advantages over digital fabrication method. In particular:

- a. Electronic surveying performed in the virtual space
- b. The basis of the scan data, may determine the path of insertion and removal and control the undercut amount
- c. The design data may be saved for future use should there be a need to refabricate or modify the prosthesis.
- d. The total time of prosthesis fabrication is substantially reduced by eliminating some processes, including cast duplication and investment cast fabrication
- e. None of the above.

82. All of the following are advantages of digital fabrication of removable denture Except:

- a. Electronic surveying.
- b. Accurate method.
- c. Take long time.
- d. Computing the amount of undercut.
- e. Eliminate cast duplication.

83. In registering the vertical dimension of occlusion for the edentulous patient. The physiological rest dimension

- a. Equals the vertical dimension of occlusion
- b. May be exceeded if the appearance of the patient is enhanced
- c. Is of little importance as it is subject to variations
- d. Must always be greater than vertical dimension of occlusion
- e. All of the above

84. Interocclusal distance is also known as

- a. Leeway space
- b. Seeway space
- c. Freeway space
- d. Cobleman space
- e. None of the above.

85. All are Pre-extraction records EXCEPT:

- a. Profile silhouettes
- b. Profile Radiograph
- c. Measurements of former dentures
- d. Phonetics & esthetics
- e. Articulated casts

86. All are effects of decreased vertical relation EXCEPT:

- a. Thin-lipped appearance
- b. Prominence of chin
- c. Angular cheilitis
- d. Clicking during function
- e. Decreased volume of the oral cavity

87. The term centric relation refers to a

- a. Bone to bone relationship.
- b. Tooth to tooth relationship.
- c. Tooth to bone relationship
- d. Both A and C
- e. None of the above

88. Methods must be used to position the jaw in centric relation.

- a) Having the patient completely relax the mandible
- b) Placing the tip of the tongue in the top and back of the mouth
- c) Telling the patient to "Stick out the upper teeth"
- d) Tipping the chair and patient back to allow gravity to help position the mandible
- e) All of the above

89. The head position during centric relation record:

- a) Upright position
- b) Fairly upright position
- c) Supine position
- d) Semi supine position
- e) Head position does not affect centric relation

90. The denture should be assessed individually for:

- a. Stability
- b. Vertical dimension
- c. Centric relation position
- d. Esthetic
- e. Phonetics

91. Loss of trial denture retention may be include absence of a border seal resulting from:

- a) Under-extension
- b) Inadequate width of flange
- c) Ineffective seal at the posterior border
- d) Poor fit of the denture base
- e) All of the above

92. Instability of trial denture may be caused by:

- a) Warpage of the denture base
- b) Posterior teeth set buccal to the underlying alveolar ridge
- c) Hard unrelieved area in the midline
- d) All of the above
- e) Both a and c are correct.

93. All are Technician's role in trial denture EXCEPT:

- a) To have replicated the registration records faithfully
- b) To place teeth according to prosthodontic norms
- c) To record their wishes and expectations
- d) To provide stable bases
- e) To ensure that balanced occlusion/articulation is provided, according to the prescription by the clinician

94. In complete denture when bearing surface of denture base is to be adjusted using indicator paste, the paste is applied to the surface and the applied pressure is

- a) Occlusal pressure when the patient biting on the denture
- b) Digital pressure by the dentist fingers
- c) No pressure should be applied
- d) All of the above
- e) Both a and b are correct

95. When using pressure indicating paste, a clean wipe area that appears on the peripheries is a result of:

- a) Cheek rubbing during insertion
- b) Fit extended peripheries
- c) Over extended peripheries
- d) Under extended peripheries
- e) None of the above

96. Which of the following evaluations is most critical during insertion of complete denture:

- a) Dentists' evaluations
- b) Patient evaluation
- c) Friend evaluation
- d) All of the above
- e) Both b and c are correct

97. Errors in complete denture occlusion can result from a number of factors include:

- a) Change in the state of the temporomandibular joints.
- b) Inaccurate maxillomandibular relation records by the dentist.
- c) Errors in the transfer of maxillomandibular relation records.
- d) Ill-fitting temporary record bases
- e) All of the above

98. The articulating paper is not preferred over the wax sheet for the following reasons:

- a) The presence of saliva will complicate the use of articulating paper intraorally.
- b) It is difficult to place the articulating paper on both sides of the arch at the same time.
- c) The articulating paper may color even the teeth that are not in occlusion.
- d) Mucosal displacement and tipping of the dentures can bring non-occluding teeth into contact with the articulating paper.
- e) All of the above.

99. The BULL rule states

- a) On the working side, reduce the inner inclines of the buccal cusps of the maxillary teeth and the lingual cusps of the mandibular teeth
- b) On the non-working side, reduce the inner inclines of the buccal cusps of the maxillary teeth and the lingual cusps of the mandibular teeth
- c) On the working side, reduce the outer inclines of the buccal cusps of the maxillary teeth and the lingual cusps of the mandibular teeth
- d) All of the above
- e) Both a and c are correct

100. The possible causes of chewing problem:

- a. The teeth are too flat
- b. Insufficient occlusal vertical dimension
- c. Excessive occlusal vertical dimension
- d. Insufficient horizontal overlap
- e. All of the above

101. Denture drops occasionally may be due to:

- a. Low frenal attachment
- b. A failure to obtain a peripheral seal
- c. Poor adaptation of the denture to the underlying tissues
- d. All of the above
- e. Both b and c are correct

102. Pain or discomfort with new dentures can have many causes:

- a. Overextended periphery
- b. Freeway space problem
- c. Pain in the sulcus
- d. Pain on crest of the alveolar ridge
- e. All of the above

103. In relining of denture, open-mouth technique.

- a. Usually requires extensive occlusal equilibration at insertion.
- b. Maintain the dentures in proper occlusion at the correct OVD while the impression material sets.
- c. Usually require 1-2mmres minimal occlusal equilibration at insertion.
- d. Can allow the denture to be aligned in its proper relationship to the residual ridges.
- e. None of the above.

104. Contraindications of relining or rebasing.

- a. If the dentures have poor esthetics or unsatisfactory jaw relationship.
- b. If the dentures create a major speech problem.
- c. When an excessive amount of resorption has taken place making it difficult to position the denture properly on the ridge.
- d. When abused soft tissues are present.
- e. All of the above.

105. Deciding to repair or remake an existing RPD is

- a. The frequency of appointments, which represents production time.
- b. The patient's medical status.
- c. The degree of difficulty of the impression - making procedures.
- d. The associated dental laboratory fees.
- e. All of the above.

106. Technopolymer clasps characterized by:

- a. Bulkiness.
- b. Lack of adjustability.
- c. Need for special equipment & increased cost.
- d. All of the above.
- e. None of the above.

107. Thermoplastic acetal resin clasps have been developed to address the aesthetic concerns of RPDs. But it has the following disadvantages:

- a. Material with a lower crystalline structure.
- b. Lower flexibility.
- c. Limited tooth shades are available.
- d. Bulkiness, lack of adjustability.
- e. None of the above.

108. is a type of clasp that engages the undercut in the embrasure between two teeth?

- a. Back-action clasp
- b. Equipoise clasp
- c. Circumferential clasp / C-clasp
- d. Ball-clasp
- e. Hidden clasp

109. Trial denture assessment in the mouth. The denture should be assessed individually for:

- a. Physical retention.
- b. Vertical dimension.
- c. CR position.
- d. All of the above.
- e. None of the above.

110. Nylon denture base provides excellent esthetics.

- a. Because unbreakable
- b. Not cause allergic reaction
- c. Has metal clasps
- d. Has tissue colored clasps that blend with natural teeth
- e. None of the mentioned above